

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10/812480</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

Application Number  
101812480

Filing Date

Applicant(s)
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May be used for additional claims or amendments		
1	2	3

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/				
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Total Indep	3					
Total Depend	27					
Total Claims	30					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						